

PLEASE FOLD THIS SHIPPING DOCUMENT IN HALF AND PLACE IT IN A WAYBILL POUCH AFFIXED TO YOUR SHIPMENT SO THAT THE BARCODE PORTION OF THE LABEL CAN BE READ AND SCANNED. ***WARNING: USE ONLY THE PRINTED ORIGINAL LABEL FOR SHIPPING. USING A PHOTOCOPY OF THIS LABEL FOR SHIPPING PURPOSES IS FRAUDULENT AND COULD RESULT IN ADDITIONAL BILLING CHARGES, ALONG WITH THE CANCELLATION OF YOUR FEDEX ACCOUNT NUMBER.

From: Origin ID: GSHA (317) 123-4567
JOHN DOE
A1 HOSPITAL
1234 MICROBIOLOGY LANE

INDIANAPOLIS, IN 46202

FedEx
Express



J10101009010224

SHIP TO: (317) 921-5500

BILL SENDER

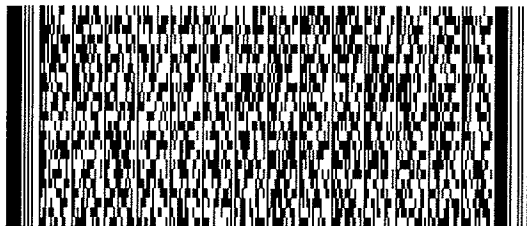
MARK GLAZIER
INDIANA STATE DEPARTMENT OF HEALTH
550 W. 16TH ST.
SUITE B
INDIANAPOLIS, IN 46202

Ship Date: 21FEB11
ActWgt: 5.0 LB MAN
CAD: 823654/CAFE2472

Delivery Address Bar Code



Ref #
Invoice #
PO #
Dept #



TRK#
0201 4815 8771 7932

TUE - 22 FEB A1
PRIORITY OVERNIGHT
IDG

46202

IN-US

IND

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